portant, with the regrowth of hair *it is the only truly hidden donor site.* This is an important consideration for burn victims, who often will have few parts of their body that have not been scarred either by the burn or by the surgeon's dermatome.

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Surgical Treatment of the Hand

WITH THE ESTABLISHMENT of the *Journal of Hand Surgery* and two national hand societies, the field of surgical treatment of the hand is now identified as a subspecialty. Training programs in surgical procedures on the hand in existing residency programs and free-standing fellowships are providing specialized training, and the programs themselves are being evaluated and standardized. There has been a tremendous expansion of surgical techniques on the hand with the evolution of microsurgical replantation and transplantation. Digital and hand replantations, a curiosity a few years ago, are now becoming routine and the results are being evaluated on the return of function to the replanted part, rather than mere survival. Reconstruction of thumbs and fingers by toe transplant is becoming more widely accepted. Multiple digits have been reconstructed by transplanting two adjacent toes or single toes from each foot. The thumb has been reconstructed with the transplantation of the large toe, the second toe, portions of the large toe, neurovascular island flaps combined with bone grafts and even thumb transplants from a functionless opposite hand.

Results after replantation of amputated digits and hands have been improved by careful attention to maintenance of bone stability with the primary use of intramedullary bone pegs, polyglycolic acid pegs, transverse intramedullary bone wires and improved instrumentation for inserting pins and small plates.

Other composite tissues have been transplanted to the hand with microneurovascular anastomosis, including metatarsal joints, osteocutaneous grafts from the hip and vascularized fibular grafts to forearm bone defects. However, these composite transplants have yet to withstand the test of time. Well-documented series of the correction of congenital defects, such as a radial clubhand, by classical techniques, remain the preferred method of treatment.

Nerve entrapment syndromes continue to be a diagnostic challenge in the field of surgery. Carpal tunnel syndrome is well recognized but ulnar compression syndromes, radial nerve compression problems and combined nerve compression problems are being recognized more and more.

Expanding interest in muscle transplantation from the lower to the upper extremities and muscle transfers within extremities have spurred interest in muscle anatomy and function. Fiber length and volume have become established as the key guidelines to consider with any transplant or transfer.

The replacement of old joints with new joints continues to be an area of special interest in surgical procedures of the hand. Though silastic implants are popular, tendon spacers and fusions must be considered.

Hand infections, once a major part of surgical treatment of the hand, are uncommon today; however, infections by normal flora and fungi are being reported, particularly in people on long-term steroid therapy. Congenital anomalies of the hand also present a challenging reconstructive problem. A better understanding of the management of these defects requires careful classification. Classic methods of treatment have always served as a standard against which new operations must be measured. Alternate flaps and alternate methods of reconstruction must always be considered.

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Current Trends in Treating Giant Pigmented Nevi

ALTHOUGH SOME controversy persists regarding frequency, there are numerous reports of high risk of malignancy in giant nevi. Reports vary from 1 percent to 15 percent in clinical series, and up to 42 percent in pathology series. Physicians at some institutions with large series of giant pigmented nevi have stated that they have never seen a case of a malignancy in one. Perhaps the best documented long-term series is from the Danish Birth Registry with a 17-year follow-up that reports a 3.3 percent incidence (4/117). However, the risk